FORM PFS PERSONAL FINANCIAL STATEMENT **COVER SHEET** PAGE 1 PAGE# Filed in accordance with chapter 572 of the Government Code. 20 For filings required in 2019, covering calendar year ending December 31, 2018. ACCOUNT # Use FORM PFS--INSTRUCTION GUIDE when completing this form. 00067775 1 NAME TITLE; FIRST; MI **OFFICE USE ONLY** The Honorable Edward L. Date Received **ELECTRONICALLY FILED** NICKNAME; LAST; SUFFIX 07/01/2019 Thompson 2 ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP Receipt # P.O. Box 3453 HD / PM Amount Pearland, TX 77588 Date Processed (CHECK IF FILER'S HOME ADDRESS) AREA CODE PHONE NUMBER; EXTENSION **TELEPHONE** Date Imaged NUMBER REASON FOR FILIING STATEMENT CANDIDATE _____ (INDICATE OFFICE) ELECTED OFFICER __State Representative District 29 (INDICATE OFFICE) APPOINTED OFFICER ______ (INDICATE AGENCY) EXECUTIVE HEAD _____ (INDICATE AGENCY) FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT STATE PARTY CHAIR ______ (INDICATE PARTY) OTHER _____ (INDICATE POSITION) **5** Family members whose financial activity you are reporting (see instructions). Frederica Thompson SPOUSE **DEPENDENT CHILD** In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

SOURCES OF OCCUPATIONAL INCOME PART 1A If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. 1 INFORMATION RELATES TO X FILER SPOUSE DEPENDENT CHILD ___ 2 EMPLOYMENT NAME AND ADDRESS OF EMPLOYER / POSITION HELD EMPLOYED BY ANOTHER (Check if Filer's Home Address) **EMPLOYER SELF** ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE 2205 Broadway Pearland, TX 77581 **POSITION HELD** NATURE OF OCCUPATION X SELF-EMPLOYED Insurance Agent INFORMATION RELATES TO X FILER SPOUSE DEPENDENT CHILD **EMPLOYMENT** NAME AND ADDRESS OF EMPLOYER / POSITION HELD X EMPLOYED BY ANOTHER (Check if Filer's Home Address) **EMPLOYER** Texas House of Representatives ADDRESS / PO BOX; APT / SUITE #; ZIP CODE CITY: STATE: P.O. Box 2910 Austin, TX 78768 POSITION HELD **Elected Official** NATURE OF OCCUPATION SELF-EMPLOYED

STOCK PART 2

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

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1 BUSINESS ENTITY	Manualife Financial	N	NAME	
2 STOCK HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD	
3 NUMBER OF SHARES	X LESS THAN 100 LESS THAN 10K	100 TO 499 10,000 OR MORE	500 TO 999	1,000 TO 4,999
4 IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
BUSINESS ENTITY	Manualife Financial	N	NAME	
STOCK HELD OR ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHILD	
NUMBER OF SHARES	X LESS THAN 100	100 TO 499 10,000 OR MORE	500 TO 999	1,000 TO 4,999
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
<u> </u>				
DUGINESS ENTITY			IAME	
BUSINESS ENTITY	Heritage Bancorp	N	NAME	
BUSINESS ENTITY STOCK HELD OR ACQUIRED BY	Heritage Bancorp X FILER	SPOUSE	NAME DEPENDENT CHILD)
STOCK HELD OR				X 1,000 TO 4,999
STOCK HELD OR ACQUIRED BY	X FILER LESS THAN 100	SPOUSE 100 TO 499	DEPENDENT CHILD	

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List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more nformation, see FORM PFS-INSTRUCTION GUIDE.

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1	MUTUAL FUND	MFS Series Trust I Va		NAME	
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD)
3	NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499	500 TO 999	X 1,000 TO 4,999
4	IF SOLD X NET GAIN NET LOSS	LESS THAN \$5,000	× \$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
	MUTUAL FUND	Oppenheimer Dvip Ma		NAME	
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD	
	NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100 X 5,000 to 9,999	100 TO 499 10,000 OR MORE	500 TO 999	1,000 TO 4,999
	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
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E					
	MUTUAL FUND	Pimco Funds commod	ity Real Return Strateg	NAME y Fund CLP	
	MUTUAL FUND SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	Pimco Funds commod)
	SHARES OF MUTUAL FUND		ity Real Return Strateg	y Fund CLP	1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF	X FILER LESS THAN 100	SPOUSE 100 TO 499	y Fund CLP DEPENDENT CHILD	
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS	X FILER LESS THAN 100 5,000 to 9,999	SPOUSE SPOUSE 100 TO 499 X 10,000 OR MORE \$5,000 - \$9,999	y Fund CLP DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN	X FILER LESS THAN 100 5,000 to 9,999	SPOUSE SPOUSE 100 TO 499 X 10,000 OR MORE \$5,000 - \$9,999	y Fund CLP DEPENDENT CHILD 500 TO 999	1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS	X FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000	SPOUSE SPOUSE 100 TO 499 X 10,000 OR MORE \$5,000 - \$9,999	y Fund CLP DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	1,000 TO 4,999 \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS MUTUAL FUND SHARES OF MUTUAL FUND	X FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000 Growth Fund America	SPOUSE SPOUSE 100 TO 499 X 10,000 OR MORE \$5,000 - \$9,999 Inc	y Fund CLP DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	1,000 TO 4,999 \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS MUTUAL FUND SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF	X FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000 Growth Fund America X FILER LESS THAN 100	SPOUSE SPOUSE SPOUSE SPOUSE SPOUSE S\$,000 OR MORE S\$,000 - \$9,999 Inc SPOUSE 100 TO 499 SPOUSE 100 TO 499 SPOUSE SPOUSE	y Fund CLP DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999 NAME DEPENDENT CHILD	1,000 TO 4,999 \$25,000OR MORE

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List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more nformation, see FORM PFS-INSTRUCTION GUIDE.

1	MUTUAL FUND	l Shares Trust S&P gl	obal materials index fur	NAME nd	
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD)
3	NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499 10,000 OR MORE	X 500 TO 999	1,000 TO 4,999
4	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
	MUTUAL FUND	I Share TR Russell 10		NAME	
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHILD	
	NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499 10,000 OR MORE	500 TO 999	X 1,000 TO 4,999
	IF SOLD X NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	X \$25,000OR MORE
	MUTUAL FUND			JAME	
	MUTUAL FUND	I shares trust high yield		NAME	
	MUTUAL FUND SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	I shares trust high yield		NAME DEPENDENT CHILD)
	SHARES OF MUTUAL FUND		d corp bond fund		X 1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF	X FILER LESS THAN 100	X SPOUSE	DEPENDENT CHILD	
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN	X FILER	X SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD	X 1,000 TO 4,999
_	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS	X FILER	d corp bond fund X SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	X 1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS	X FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000	d corp bond fund X SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	X 1,000 TO 4,999 \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS MUTUAL FUND SHARES OF MUTUAL FUND	X FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000 Lord Abbott Dev Grow	d corp bond fund X SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 th Fund	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	X 1,000 TO 4,999 \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS MUTUAL FUND SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF	X FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000 Lord Abbott Dev Grow X FILER LESS THAN 100	Corp bond fund X SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILE 500 TO 999 \$10,000 - \$24,999 NAME DEPENDENT CHILE	X 1,000 TO 4,999 \$25,000OR MORE

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List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more nformation, see FORM PFS-INSTRUCTION GUIDE.

1	MUTUAL FUND	Artisan Funds Small C		NAME	
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHILD)
3	NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999
4	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
	MUTUAL FUND	I Shares TR Russell T		NAME	
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHILD)
	NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499 10,000 OR MORE	☐ 500 TO 999	X 1,000 TO 4,999
	IF SOLD X NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	X \$25,000OR MORE
E	MUTUM FUND				
	MUTUAL FUND	SPDR Series S&P 400		NAME	
	MUTUAL FUND SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	SPDR Series S&P 400		NAME DEPENDENT CHILE)
	SHARES OF MUTUAL FUND) Mid Cap		1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF	X FILER LESS THAN 100	Mid Cap X SPOUSE X 100 TO 499	DEPENDENT CHILD	_
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD X NET GAIN NET LOSS	X FILER LESS THAN 100 5,000 to 9,999	Mid Cap X SPOUSE X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD X NET GAIN NET LOSS MUTUAL FUND	X FILER LESS THAN 100 5,000 to 9,999	Mid Cap X SPOUSE X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD	1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD X NET GAIN NET LOSS	X FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000	Mid Cap X SPOUSE X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	1,000 TO 4,999 X \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD IF SOLD NET LOSS MUTUAL FUND SHARES OF MUTUAL FUND	X FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000 AIM sector funds - ene	Mid Cap X SPOUSE X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 ergy fund class a	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	1,000 TO 4,999 X \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD X NET GAIN NET LOSS MUTUAL FUND SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF	X FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000 AIM sector funds - ene X FILER LESS THAN 100	Mid Cap X SPOUSE X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 ergy fund class a SPOUSE 100 TO 499	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999 NAME DEPENDENT CHILD	1,000 TO 4,999 X \$25,000OR MORE

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1	MUTUAL FUND	AIM Sector Funds - Va	n Teampen Fund Class	NAME S A	
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD)
3	NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499	500 TO 999	X 1,000 TO 4,999
4	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
	MUTUAL FUND	American Beacon Fun		NAME	
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD)
	NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499 10,000 OR MORE	500 TO 999	X 1,000 TO 4,999
	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
		•			
E					
	MUTUAL FUND	Artisan Mid Cap Value		NAME	
	MUTUAL FUND SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	Artisan Mid Cap Value		NAME DEPENDENT CHILD)
	SHARES OF MUTUAL FUND	<u> </u>			X 1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF	X FILER LESS THAN 100	SPOUSE 100 TO 499	DEPENDENT CHILD	<u></u>
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS	X FILER LESS THAN 100 5,000 to 9,999	SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	X 1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS MUTUAL FUND	X FILER LESS THAN 100 5,000 to 9,999	SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD	X 1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS	X FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000	SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	X 1,000 TO 4,999 \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS MUTUAL FUND SHARES OF MUTUAL FUND	X FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000 T Rowe Price Growth	SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	X 1,000 TO 4,999 \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS MUTUAL FUND SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF	X FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000 T Rowe Price Growth X FILER LESS THAN 100	SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 Stk SPOUSE 100 TO 499	DEPENDENT CHILD 500 TO 999	X 1,000 TO 4,999 \$25,000OR MORE

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1	MUTUAL FUND	Thornburg Invt Tr Intl F		NAME	
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD)
3	NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499 10,000 OR MORE	500 TO 999	X 1,000 TO 4,999
4	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
	MUTUAL FUND	Vanguard Long Term	ا Tax Exempt Investor CL	NAME -	
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD)
	NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100 X 5,000 to 9,999	100 TO 499 10,000 OR MORE	500 TO 999	1,000 TO 4,999
	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
F	MUTUAL FUND			NAME	
	MUTUAL FUND	State Farm Growth Fu		NAME	
	MUTUAL FUND SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	State Farm Growth Fu		NAME DEPENDENT CHILD)
	SHARES OF MUTUAL FUND		nd 		1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF	X FILER LESS THAN 100	SPOUSE 100 TO 499	DEPENDENT CHILD	
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN	X FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000	nd SPOUSE 100 TO 499 X 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD	1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS	X FILER LESS THAN 100 5,000 to 9,999	nd SPOUSE 100 TO 499 X 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	1,000 TO 4,999 \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS MUTUAL FUND SHARES OF MUTUAL FUND	X FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000 State Farm Balanced I	nd ☐ SPOUSE ☐ 100 TO 499 ☐ 10,000 OR MORE ☐ \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	1,000 TO 4,999 \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS MUTUAL FUND SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF	X FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000 State Farm Balanced I X FILER LESS THAN 100	SPOUSE 100 TO 499 X 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999 NAME DEPENDENT CHILD	1,000 TO 4,999 \$25,000OR MORE

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1	MUTUAL FUND	State Farm Money Ma		NAME	
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD)
3	NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499 X 10,000 OR MORE	500 TO 999	1,000 TO 4,999
4	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
	MUTUAL FUND	Hines Global REIT		NAME	
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHILD)
	NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100 X 5,000 to 9,999	100 TO 499 10,000 OR MORE	☐ 500 TO 999	1,000 TO 4,999
	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
	MUTUAL FUND			NAME	
	MUTUAL FUND	Healthcare Trust of An		NAME	
	MUTUAL FUND SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	Healthcare Trust of An		NAME DEPENDENT CHILD)
	SHARES OF MUTUAL FUND		nerica		X 1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF	X FILER LESS THAN 100	X SPOUSE	DEPENDENT CHILD	<u></u>
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD X NET GAIN	X FILER LESS THAN 100 5,000 to 9,999	merica X SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD	X 1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS	X FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000	merica X SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 X \$10,000 - \$24,999	X 1,000 TO 4,999 \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS MUTUAL FUND SHARES OF MUTUAL FUND	X FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000 Vanguard Growth ETF	merica X SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 X \$10,000 - \$24,999 NAME	X 1,000 TO 4,999 \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS MUTUAL FUND SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF	X FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000 Vanguard Growth ETF X FILER LESS THAN 100	X SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 X \$10,000 - \$24,999 NAME DEPENDENT CHILD	X 1,000 TO 4,999 \$25,000OR MORE

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more nformation, see FORM PFS-INSTRUCTION GUIDE.

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1	MUTUAL FUND	Vanguard Value ETF	ı	NAME	
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD)
3	NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499 10,000 OR MORE	□ 500 ТО 999	X 1,000 TO 4,999
4	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
	MUTUAL FUND			NAME	
		Oppenheimer Senior F	Floating Rate		
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD)
	NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499	500 TO 999	X 1,000 TO 4,999
		5,000 to 9,999	10,000 OR MORE		
	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
F		ı			
	MUTUAL FUND	Eaton Vance National		NAME	
	MUTUAL FUND SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	Eaton Vance National		NAME DEPENDENT CHILD)
	SHARES OF MUTUAL FUND		Mun Income		X 1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF	X FILER	Mun Income	DEPENDENT CHILD	
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF	X FILER LESS THAN 100	Mun Income SPOUSE 100 TO 499	DEPENDENT CHILD	
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS	X FILER LESS THAN 100 5,000 to 9,999	Mun Income SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	X 1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS MUTUAL FUND	X FILER LESS THAN 100 5,000 to 9,999	Mun Income SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD	X 1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS	X FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000	Mun Income SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	X 1,000 TO 4,999 \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS MUTUAL FUND SHARES OF MUTUAL FUND	X FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000 I Shares Iboxx High Yi	Mun Income SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 eld Corp Bond	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	X 1,000 TO 4,999 \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS MUTUAL FUND SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF	X FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000 I Shares Iboxx High Yi	Mun Income SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 eld Corp Bond SPOUSE	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999 NAME DEPENDENT CHILD	X 1,000 TO 4,999 \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS MUTUAL FUND SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF	X FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000 I Shares Iboxx High Yi X FILER LESS THAN 100	Mun Income SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 eld Corp Bond SPOUSE X 100 TO 499	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999 NAME DEPENDENT CHILD	X 1,000 TO 4,999 \$25,000OR MORE

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more nformation, see FORM PFS-INSTRUCTION GUIDE.

1	MUTUAL FUND	Nuveen High Yield Mu		NAME	
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD)
3	NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499 10,000 OR MORE	500 TO 999	X 1,000 TO 4,999
4	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
	MUTUAL FUND	Doubleline Total Retur		NAME	
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD	
	NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100 X 5,000 to 9,999	100 TO 499 10,000 OR MORE	☐ 500 TO 999	1,000 TO 4,999
	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
-					
F	MUTUAL FUND			NAME	
	MUTUAL FUND	Optum Bank HSA	I	NAME	
	MUTUAL FUND SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	Optum Bank HSA	SPOUSE	NAME DEPENDENT CHILD)
	SHARES OF MUTUAL FUND				X 1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF	X FILER LESS THAN 100	SPOUSE 100 TO 499	DEPENDENT CHILD	<u>_</u>
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN	X FILER	SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD	X 1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS	X FILER	SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	X 1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS	X FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000	SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	X 1,000 TO 4,999 \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS MUTUAL FUND SHARES OF MUTUAL FUND	X FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000 Vanguard Index Value	SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 etf	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	X 1,000 TO 4,999 \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS MUTUAL FUND SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF	X FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000 Vanguard Index Value X FILER LESS THAN 100	SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 etf SPOUSE 100 TO 499	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999 NAME DEPENDENT CHILD	X 1,000 TO 4,999 \$25,000OR MORE

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more nformation, see FORM PFS-INSTRUCTION GUIDE.

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1	MUTUAL FUND	Sector Energy Select		NAME	
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD)
3	NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499	☐ 500 TO 999	X 1,000 TO 4,999
4	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
	MUTUAL FUND	Griffin American Healt		NAME	
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHILD)
	NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499 X 10,000 OR MORE	500 TO 999	1,000 TO 4,999
	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
\vdash					
E					
	MUTUAL FUND	Guggenheim Total Re		NAME	
	MUTUAL FUND SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	Guggenheim Total Re		NAME DEPENDENT CHILE)
	SHARES OF MUTUAL FUND		turn Bond Fund		X 1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF	X FILER LESS THAN 100	turn Bond Fund X SPOUSE 100 TO 499	DEPENDENT CHILD	<u></u>
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS	X FILER LESS THAN 100 5,000 to 9,999	turn Bond Fund X SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	X 1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS MUTUAL FUND	X FILER LESS THAN 100 5,000 to 9,999	turn Bond Fund X SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILE	X 1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS	X FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000	turn Bond Fund X SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	X 1,000 TO 4,999 \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS MUTUAL FUND SHARES OF MUTUAL FUND	X FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000 Oakmark Intl	turn Bond Fund X SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	X 1,000 TO 4,999 \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS MUTUAL FUND SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF	X FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000 Oakmark Intl X FILER LESS THAN 100	X SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 X SPOUSE 100 TO 499 100 TO 490 100 TO	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999 NAME DEPENDENT CHILD	X 1,000 TO 4,999 \$25,000OR MORE

MUTUAL FUNDS PART 4 If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report. List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more nformation, see FORM PFS--INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. MUTUAL FUND NAME JPMorgan Mid Cap SHARES OF MUTUAL FUND HELD OR ACQUIRED BY X FILER SPOUSE DEPENDENT CHILD NUMBER OF SHARES OF MUTUAL FUND LESS THAN 100 100 TO 499 X 500 TO 999 1,000 TO 4,999 5,000 to 9,999 10,000 OR MORE 4 IF SOLD NET GAIN LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000--OR MORE NET LOSS

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

1 SOURCE OF INCOME	NAME AND ADDRESS
Publicly held corporation	State Farm Life Insurance Co ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2702 Ireland Grove Rd
	Bloomington, IL 61709
2 RECEIVED BY	X FILER SPOUSE DEPENDENT CHILD
3 AMOUNT	X \$500 - \$4,999
SOURCE OF INCOME Publicly held corporation	NAME AND ADDRESS State Farm FCU ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1 State Farm Plaza
	Bloomington, IL 61710
RECEIVED BY	X FILER SPOUSE DEPENDENT CHILD
AMOUNT	X \$500 - \$4,999
	I
SOURCE OF INCOME	NAME AND ADDRESS
SOURCE OF INCOME Publicly held corporation	NAME AND ADDRESS State Farm Bank FSB ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1 State Farm Plaza Placemington, II, 61710
Publicly held corporation	State Farm Bank FSB ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
_	State Farm Bank FSB ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1 State Farm Plaza
Publicly held corporation	State Farm Bank FSB ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1 State Farm Plaza Bloomington, IL 61710
Publicly held corporation RECEIVED BY AMOUNT	State Farm Bank FSB ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1 State Farm Plaza Bloomington, IL 61710 FILER X SPOUSE DEPENDENT CHILD X \$500 - \$4,999 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000OR MORE
Publicly held corporation RECEIVED BY	State Farm Bank FSB ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1 State Farm Plaza Bloomington, IL 61710 FILER X SPOUSE DEPENDENT CHILD
Publicly held corporation RECEIVED BY AMOUNT SOURCE OF INCOME	State Farm Bank FSB ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1 State Farm Plaza Bloomington, IL 61710 FILER X SPOUSE DEPENDENT CHILD X \$500 - \$4,999 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000-OR MORE NAME AND ADDRESS Healthcare Trust of America ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 16435 North Scottsdale Rd Ste 320
Publicly held corporation RECEIVED BY AMOUNT SOURCE OF INCOME Publicly held corporation	State Farm Bank FSB ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1 State Farm Plaza Bloomington, IL 61710 FILER SPOUSE DEPENDENT CHILD X \$500 - \$4,999 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000-OR MORE NAME AND ADDRESS Healthcare Trust of America ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 16435 North Scottsdale Rd Ste 320 Scottsdale, AZ 85254

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

which the child is listed on the Co	Well dried.
SOURCE OF INCOME Publicly held corporation	NAME AND ADDRESS State Farm Mutual Funds ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1 State Farm Plaza
	Bloomington, IL 61710
2 RECEIVED BY	X FILER SPOUSE DEPENDENT CHILD
3 AMOUNT	\$500 - \$4,999 \$5,000 - \$9,999 X \$10,000 - \$24,999 \$25,000OR MORE
SOURCE OF INCOME X Publicly held corporation	NAME AND ADDRESS LPL Financial ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
RECEIVED BY	X FILER SPOUSE DEPENDENT CHILD
AMOUNT	\$500 - \$4,999 X \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000OR MORE
SOURCE OF INCOME Publicly held corporation	NAME AND ADDRESS Capital Bank ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 24337 Houston, TX 77229
<u> </u>	Capital Bank ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 24337
Publicly held corporation	Capital Bank ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 24337 Houston, TX 77229

INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

1 HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD	
2 STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS		STREET ADDRESS, INCLU	JDING CITY, COUNTY, AND S	STATE
3 DESCRIPTION LOTS X ACRES	NUM 0.80000 acres Brazoria	IBER OF LOTS OR ACRES A	ND NAME OF COUNTY WHE	RE LOCATED
4 NAMES OF PERSONS RETAINING AN INTEREST X NOT APPLICABLE (SEVERED MINERAL INTEREST)				
5 IF SOLD NET GAIN NET LOSS	LESS THAN \$5	5,000 \$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
1151 B OD 4001 HDED BY	I			
HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD	
STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS	X FILER 2205 Broadway Pearland, TX 775	STREET ADDRESS, INCLU	DEPENDENT CHILD	
STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S	2205 Broadway Pearland, TX 775	STREET ADDRESS, INCLU		STATE
STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS DESCRIPTION X LOTS	2205 Broadway Pearland, TX 775 NUM 2.00000 lots	STREET ADDRESS, INCLU	UDING CITY, COUNTY, AND S	STATE

INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

1 HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD	
2 STREET ADDRESS X NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS	STF	REET ADDRESS, INCLUD	ING CITY, COUNTY, AND S	STATE
3 DESCRIPTION LOTS X ACRES	NUMBER (10.09000 acres Liberty	OF LOTS OR ACRES AND) NAME OF COUNTY WHE	RE LOCATED
4 NAMES OF PERSONS RETAINING AN INTEREST X NOT APPLICABLE (SEVERED MINERAL INTEREST)				
5 IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
HELD OR ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHILD	
HELD OR ACQUIRED BY STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS		REET ADDRESS, INCLUD	DEPENDENT CHILD	
STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S	STF 10208 CR 1 Hallettsville, TX 77964	REET ADDRESS, INCLUD		STATE
STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS DESCRIPTION LOTS	STF 10208 CR 1 Hallettsville, TX 77964 NUMBER 0 81.50000 acres	REET ADDRESS, INCLUD	ING CITY, COUNTY, AND S	STATE

INTEREST IN BUSINESS ENTITIES

PART 7B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

	For an explanation of "beneficial When reporting information abou which the child is listed on the Co	ut a dependent child's activity,			
1	HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILI	 D
2	DESCRIPTION	DPI Natural Gas Partr 120 Prosperous Place Ste 201 Lexington, KY 40509	(Check iners 2003-2 Ltd	AND ADDRESS if Filer's Home Address)	
3	IF SOLD	X LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE

PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS
COVER SHEET
PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. If you place a check in a box, do NOT include pages for that Part in the report.

6	PAR	TS NOT APPLICABLE TO FILER
		N/A Part 1A - Sources of Occupational Income
	Χ	N/A Part 1B - Retainers
		N/A Part 2 - Stock
	Χ	N/A Part 3 - Bonds, Notes & Other Commercial Paper
		N/A Part 4 - Mutual Funds
		N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
	X	N/A Part 6 - Personal Notes and Lease Agreements
		N/A Part 7A - Interests in Real Property
		N/A Part 7B - Interests in Business Entities
	X	N/A Part 8 - Gifts
	X	N/A Part 9 - Trust Income
	X	N/A Part 10A - Blind Trusts
	Χ	N/A Part 10B - Trustee Statement
	X	N/A Part 11A - Business Associations
		N/A Part 11B - Assets of Business Associations
	Χ	N/A Part 11C - Liabilities of Business Associations
	Χ	N/A Part 12 - Boards and Executive Positions
	Χ	N/A Part 13 - Expenses Accepted Under Honorarium Exception
	Х	N/A Part 14 - Interest in Business in Common with Lobbyist
	X	N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
	X	N/A Part 16 - Representation by Legislator Before State Agency
	Χ	N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
	X	N/A Part 18 - Legislative Continuances
	Χ	N/A Part 19 - Contracts with Governmental Entity
	Х	N/A Part 20 - Bond Counsel Services Provided by a Legislator

it is not considered filed.
t have the electronic signature of the
s Commission must have the signature all of office of a notary public or othe
rjury, that this financial statement er 31, 2018 , and is true and correct o be reported by me under chapter
ward L. Thompson
e of Filer
is the day
Title of officer administering oath